

Government of the People's Republic of Bangladesh  
**National Tuberculosis Control Program**  
 Programmatic Management of Drug Resistant Tuberculosis (PMDT)  
**Treatment Outcome Report of DR TB patients (Longer Regimen)**  
 To be Filled in 24 & 36 Months after Treatment initiation (Page 1 of 4)

Form DR TB 09

Name of the Treatment Center: \_\_\_\_\_

Reprting month:  24 Month  36 Month

Name of PMDT Coordinator: \_\_\_\_\_

Patients Registered: During \_\_\_\_\_ Quarter of Year \_\_\_\_\_

Designation: \_\_\_\_\_ Organization \_\_\_\_\_

Date of Completion of the form: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Block 1: Treatment Outcome According to the Types of DR TB Patients**

Patient group			Total number of DR TB patients registered during the quarter	Outcome							Total
				Cured	Treatment completed	Treatment Failed	Died	Lost to follow up	Transferred out	Still on treatment	
(i) RR	<15 years	M									
		F									
	≥ 15 years	M									
		F									
(ii) MDR	<15 years	M									
		F									
	≥ 15 years	M									
		F									
(iii) Pre-XDR	<15 years	M									
		F									
	≥ 15 years	M									
		F									
(iv) XDR	<15 years	M									
		F									
	≥ 15 years	M									
		F									
(v) Other DR	<15 years	M									
		F									
	≥ 15 years	M									
		F									
Total	<15 years	M									
		F									
	≥ 15 years	M									
		F									
Grand Total											

*Comment if any:*

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Form DR TB 09

**Block 2: Treatment Outcome According to the Registration Group**

Registration group (code)	Total number of DR TB patients registered during the quarter	Outcome							Total
		Cured	Treatment completed	Treatment failed	Died	Lost to follow up	Transferred out	Still on treatment	
1. CAT I Non converter (remain positive at month 2)									
2. CAT I Failure (remain pos. at 5 m or later/ Negative patient posit. at m 2)									
3. Treatment after loss to follow up CAT I									
4. Cat I Relapses									
5. Cat II Non converter (remain positive at month of 3)									
6. CAT II Failure (remain pos. at 5 or 8 m./Negative patient positive at month 3)									
7. Treatment after loss to follow up CAT II									
8. CAT II Relapses									
9. Relapse after MDR-TB treatment									
10. Transfer In (from another DR TB treatment initiation center)									
11. Close contact of DR TB with S/S									
a) Unknown History									
b) New									
c) Previously treated									
12. HIV infected patients with TB S/S									
a) Unknown History									
b) New									
c) Previously treated									
13. Other (Specify)									
i) Pulmonary- Clinically diagnosed									
a) Unknown History									
b) New									
c) Previously treated									
ii) Extra Pulmonary									
a) Unknown History									
b) New									
c) Previously treated									
iii) Pulmonary - Bacteriologically confirmed									
a) Unknown History									
b) New									
<b>Grand Total</b>									

*Comment if any:*

Name of the Person Filled the Form: \_\_\_\_\_ Designation: \_\_\_\_\_ Phone no: \_\_\_\_\_

Organization: Government/Non Government (Specify): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Government of the People's Republic of Bangladesh  
**National Tuberculosis Control Program**  
 Programmatic Management of Drug Resistant Tuberculosis (PMDT)  
**Treatment Outcome Report of DR TB patients (Shorter Regimen)**  
 To be Filled in 15 Months after Treatment initiation (Page 3 of 4)

Form DR TB 09

Name of the Treatment Center: \_\_\_\_\_

Name of PMDT Coordinator: \_\_\_\_\_

Patients Registered: During \_\_\_\_\_ Quarter of Year \_\_\_\_\_

Designation: \_\_\_\_\_ Organization \_\_\_\_\_

Date of Completion of the form: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Block 1: Treatment Outcome According to the Types of DR TB Patients**

Patient group		Total number of DR TB patients registered during the quarter	Outcome							Total	
			Cured	Treatment completed	Treatment Failed	Died	Lost to follow up	Transferred out	Still on treatment		Not evaluated
(i) RR	<15 years	M									
		F									
	≥ 15 years	M									
		F									
(ii) MDR	<15 years	M									
		F									
	≥ 15 years	M									
		F									
Total	<15 years	M									
		F									
	≥ 15 years	M									
		F									
<b>Grand Total</b>											

*Comment if any:*

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Form DR TB 09

**Block 2: Treatment Outcome According to the Registration Group**

Registration group (code)	Total number of DR TB patients registered during the quarter	Outcome							Total	
		Cured	Treatment completed	Treatment failed	Died	Lost to follow up	Transferred out	Still on treatment		Not evaluated
1. CAT I Non converter (remain positive at month 2)										
2. CAT I Failure (remain pos. at 5 m or later/ Negative patient posit. at m 2)										
3. Treatment after loss to follow up CAT I										
4. Cat I Relapses										
5. Cat II Non converter (remain positive at month of 3)										
6. CAT II Failure (remain pos. at 5 or 8 m./Negative patient positive at month 3)										
7. Treatment after loss to follow up CAT II										
8. CAT II Relapses										
9. Relapse after MDR-TB treatment										
10. Transfer In (from another DR TB treatment initiation center)										
11. Close contact of DR TB with S/S										
a) Unknown History										
b) New										
c) Previously treated										
12. HIV infected patients with TB S/S										
a) Unknown History										
b) New										
c) Previously treated										
13. Other (Specify)										
i) Pulmonary- Clinically diagnosed										
a) Unknown History										
b) New										
c) Previously treated										
ii) Extra Pulmonary										
a) Unknown History										
b) New										
c) Previously treated										
iii) Pulmonary - Bacteriologically confirmed										
a) Unknown History										
b) New										
<b>Grand Total</b>										

*Comment if any:*

Name of the Person Filled the Form: \_\_\_\_\_ Designation: \_\_\_\_\_ Phone no: \_\_\_\_\_

Organization: Government/Non Government (Specify): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_